

NONPROVISIONAL PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Attorney Docket No.: 116225

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MAIL STOP PATENT APPLICATION



Customer Number: 25944

**NONPROVISIONAL APPLICATION TRANSMITTAL
 RULE §1.53(b)**

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application

For (Title): LAYOUT SYSTEM, LAYOUT PROGRAM, AND LAYOUT METHOD

By (Inventors): Hirotaka OHASHI; Takashi NITTA

- ☒ Formal drawings (Figs. 1-20; 15 sheets) are attached.
- ☐ Use Figure _____ for front page of Publication.
- ☐ A Declaration and Power of Attorney is filed herewith.
- ☐ This application claims benefit of Provisional Application No. _____ filed _____.
- ☒ This patent application is assigned to SEIKO EPSON CORPORATION.
- ☐ The executed Assignment is filed herewith.
- ☒ An Information Disclosure Statement is filed herewith.
- ☐ Entitlement to small entity status is hereby asserted.
- ☒ A Preliminary Amendment is filed herewith.
- ☒ Priority of foreign application No. 2002-200418 filed July 9, 2002 in JAPAN is claimed (35 U.S.C. §119).
- ☒ A certified copy of the above corresponding foreign application is filed herewith.
- ☐ This application is NOT to be published under 35 U.S.C. 112(b). The undersigned attorney or agent hereby certifies that the invention disclosed in this application has not been and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing.
- ☒ The filing fee is calculated below:

**CLAIMS IN THE APPLICATION AFTER ENTRY OF
 ANY PRELIMINARY AMENDMENT NOTED ABOVE**

FOR:	NO. FILED	NO. EXTRA
BASIC FEE		
TOTAL CLAIMS	28 - 20	= 8
INDEP CLAIMS	12 - 3	= 9
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS PRESENTED		

* If the difference is less than zero, enter "0".

SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
RATE	FEE		RATE	FEE
	\$ 375	OR		\$ 750
x 9 =	\$	OR	x 18	\$ 144
x 42 =	\$	OR	x 84	\$ 756
+ 140 =	\$	OR	+ 280	\$
TOTAL	\$	OR	TOTAL	\$ 1650

- ☒ Check No. 143706 in the amount of \$1650 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

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